

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/049874	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		①		/			54				
5		①		/			55				
6		①		/			56				
7		①		/			57				
8		①		/			58				
9		①		/			59				
10		①		/			60				
11		①		/			61				
12		①		/			62				
13		①		/			63				
14				/			64				
15				/			65				
16				/			66				
17				/			67				
18				/			68				
19				/			69				
20				/			70				
21				/			71				
22				/			72				
23				/			73				
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25				/			75				
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28				/			78				
29				/			79				
30				/			80				
31				/			81				
32				/			82				
33				/			83				
34				/			84				
35				/			85				
36				/			86				
37				/			87				
38				/			88				
39				/			89				
40				/			90				
41				/			91				
42				/			92				
43				/			93				
44				/			94				
45				/			95				
46				/			96				
47				/			97				
48				/			98				
49				/			99				
50				/			100				
TOTAL IND.	/		/				TOTAL IND.				
TOTAL DEP.	/2		9				TOTAL DEP.				
TOTAL CLAIMS	/3		10				TOTAL CLAIMS				